

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. 14,481

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Appeal of)

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INTRODUCTION

The petitioner appeals a decision by the Department of Social Welfare denying her coverage for dentures under the Medicaid program.

FINDINGS OF FACT

The facts are undisputed in this matter and are set forth as follows:

1. The petitioner is a forty-nine-year-old woman who receives Medicaid. On March 27, 1996, she applied for dentures to improve her digestion which was causing her chronic abdominal pain. Her application was supported by her physician who certified that the dentures were a necessary part of his course of treatment.

2. On June 12, 1996, her physician wrote an additional letter of support in which he stated:

. . . In addition, [petitioner's] medical condition is complicated by diabetes. She needs to get her diabetes under better control. In order for this to happen, she needs dentures to properly chew her food and have better control of her digestion. Because she has no teeth, she is now avoiding foods such as raw vegetables and grains which are advisable in controlling diabetes, rather than eating fatty foods.

She also suffers from chronic abdominal pain. She is unable to adequately chew her food because she has no teeth. This results in undigested food passing into her colon, causing abdominal pain.

Treatment of her diabetes and abdominal pain would greatly benefit from her being able to adequately chew a variety of foods.

3. The Department does not dispute the veracity of her physician's statements. However, it denied the petitioner's request on July 25, 1996, because dentures are a non-covered adult service under § 621 of the Medicaid Manual.

4. The petitioner presented no evidence indicating the lack of alternatives to treatment with dentures. It cannot be concluded from the above evidence that the provision of dentures is essential to treatment of her abdominal pain or diabetes.

ORDER

The decision of the Department is affirmed.

REASONS

The Department has adopted regulations which prohibit payment for dentures as follows:

Effective January 1, 1989, coverage of dental services is extended to recipients age 21 and older. The scope of the program includes emergency dental care for relief of pain, bleeding and infection, selected preventive and restorative procedures rendered to limit disease progression, and necessary diagnostic and consultative services.

Covered services include:

- o Oral examinations - including oral cancer screenings
- o Diagnostic care services - radiography and related testing
- o Preventive/Restorative care - limited to oral prophylaxis, root planing and scaling, amalgam and composite restorations, and placement of prefabricated crowns.
- o Endodontia - not to exceed three teeth treated per person
- o Oral surgery - all necessary surgery for tooth removal, and palliative treatment, such as abscess drainage. Third molar surgery will initially require authorization prior to treatment.

Rehabilitative, cosmetic, or elective procedures are not covered. Services not covered include:

- o Cosmetic dentistry
- o Bonding
- o Sealants
- o Periodontal surgery
- o Non-surgical, comprehensive/periodontal care
- o Orthodontia
- o Crown and bridge

- o Dentures (full or partial)

- o Elective care

Other program limits include:

- o Annual benefits maximum \$400 per person

- o Services:

limits same as in M620

- o Prior Authorization:

a complete list of procedures which require prior authorization is available from the Medicaid fiscal agent upon request.

- o Procedure Review:

all services reviewed during post-audit for appropriateness.

M621

In the event that the provision of dentures were needed to relieve pain or to stop bleeding and infection or the like, the above regulation appears to require their provision. Otherwise dentures are not to be covered, even to rehabilitate a person's dentition needed for eating. The Board has interpreted this regulation and other provisions in the Medicaid regulations as requiring the provision of dentures in some very narrow circumstances, namely alleviating the pain of temporomandibular joint syndrome, (Fair Hearings #10,379 ,#11,207 and #11,625) and providing a prosthetic form of dentition when it was medically necessary and the only way to treat another covered disease such as serious gastro-intestinal or nutritional disorders (Fair Hearings No. 12,180 and 12,210).

The petitioner has shown that control of her abdominal pain and treatment of her diabetes could be aided by the provision of dentures. She has not shown, however, that dentures are a medically necessary treatment to alleviate pain or to control her diabetes. She can do that by showing that she has some specific medical problem caused by her diabetes (not a generalized lack of ability to chew and digest food faced by all who lack dentition and that there is no reasonable alternative treatment for that medical condition other than dentures. See Fair Hearing No. 13,332 & 13,672 (consolidated). Unless and until she can make this showing, the Department is correct in denying her coverage for this item and the denial must be upheld by the Board. 3 V.S.A. § 3091(d), Fair Hearing Rule 17.

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